

MORRISON & FOERSTER LLP

Attorneys at Law
425 Market Street
San Francisco, California 94105-2482
Telephone: (415) 268-7000
Facsimile: (415) 268-7522

RECEIVED
CENTRAL FAX CENTER

JAN 14 2005

To:

NAME:	FACSIMILE:
MS AMENDMENT US Patent and Trademark Office	(703) 872-9306

FROM: Timothy A. Worrall, Reg. No. 54,552

DATE: January 14, 2005

NUMBER OF PAGES WITH COVER PAGE: _____

Preparer of this slip has confirmed that facsimile number given is correct: 8701/LILIA

CAUTION - CONFIDENTIAL

This facsimile contains confidential information which may also be privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail.

Comments:

ATTORNEY DOCKET NO.: 146712010200
SERIAL NO.: 10/602,422
FILING DATE: June 23, 2003
INVENTOR(S): Anthony J. AIELLO
Art Unit: 3682
Examiner: L. Footland
TITLE: FLUID DYNAMIC BEARING ASYMMETRY PRESSURE FEEDBACK

Papers attached herewith:

- 1. Transmittal - 1 page**
- 2. Fee Transmittal (IN DUPL) - 2 pages**
- 3. Information Disclosure Statement - 3 pgs**
- 4. Form SB/08a/b - 1 pg**
- 5. One ISR attached - 3 pgs**

PTO/SB/21 (09-34)

Approved for use through 07/31/2005. OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

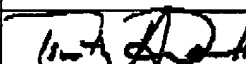
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	10/602,422
		Filing Date	June 23, 2003
		First Named Inventor	Anthony J. AIELLO
		Art Unit	3682
		Examiner Name	L. Footland
Total Number of Pages in This Submission	10	Attorney Docket Number	146712010200

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (IN DUPL) - 2 pages <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply - <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request - 1 page <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disc Stmt - 3 pgs <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Form SB/08a/b - 1 pg w/1 ISR attached 3 pgs
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)	
Signature		
Printed name	Timothy A. Worrall	
Date	January 14, 2005	Reg. No. 54,552

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9308, on the date shown below.

Dated: January 14, 2005

Signature:

(LILIA OLSEN)

sf-1852865

DUPLICATE COPY FOR FEE PROCESSING

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Approved for use through 07/31/2008, OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4319).		Complete if Known																																																											
FEE TRANSMITTAL for FY 2005		Application Number	10/602,422																																																										
		Filing Date	June 23, 2003																																																										
		First Named Inventor	Anthony J. AIELLO																																																										
		Examiner Name	L. Footland																																																										
		Art Unit	3682																																																										
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	146742010200																																																										
TOTAL AMOUNT OF PAYMENT (\$) 180.00																																																													
METHOD OF PAYMENT (check all that apply)																																																													
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																													
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)																																																													
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee																																																													
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments																																																													
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																																																													
FEE CALCULATION																																																													
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																													
<table border="1"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fees Paid (\$)</th> </tr> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td>0</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td>0</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td>0</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td>0</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>								Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100	0	Design	200	100	100	50	130	65	0	Plant	200	100	300	150	160	80	0	Reissue	300	150	500	250	600	300	0	Provisional	200	100	0	0	0	0	0
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																																																						
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																																																							
Utility	300	150	500	250	200	100	0																																																						
Design	200	100	100	50	130	65	0																																																						
Plant	200	100	300	150	160	80	0																																																						
Reissue	300	150	500	250	600	300	0																																																						
Provisional	200	100	0	0	0	0	0																																																						
2. EXCESS CLAIM FEES																																																													
<table border="1"> <thead> <tr> <th>Fee Description</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent</td> <td>50</td> <td>25</td> </tr> <tr> <td>Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent</td> <td>200</td> <td>100</td> </tr> <tr> <td>Multiple dependent claims</td> <td>360</td> <td>180</td> </tr> </tbody> </table>								Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25	Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100	Multiple dependent claims	360	180																																										
Fee Description	Fee (\$)	Small Entity Fee (\$)																																																											
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25																																																											
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100																																																											
Multiple dependent claims	360	180																																																											
<table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> <th>Multiple Dependent Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>19</td> <td>-20 or HP</td> <td>0</td> <td>50</td> <td>0.00</td> <td></td> <td></td> </tr> </tbody> </table>								Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	19	-20 or HP	0	50	0.00																																										
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)																																																							
19	-20 or HP	0	50	0.00																																																									
HP + highest number of total claims paid for, if greater than 20																																																													
<table border="1"> <thead> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>4</td> <td>-3 or 4</td> <td>0</td> <td>100</td> </tr> </tbody> </table>								Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	4	-3 or 4	0	100																																														
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																																																										
4	-3 or 4	0	100																																																										
HP + highest number of independent claims paid for, if greater than 3																																																													
3. APPLICATION SIZE FEE																																																													
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or reaction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																													
<table border="1"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>-100 =</td> <td>/ 50 =</td> <td>(round up to a whole number) x</td> <td>0</td> <td>0</td> </tr> </tbody> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	-100 =	/ 50 =	(round up to a whole number) x	0	0																																												
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																																																									
-100 =	/ 50 =	(round up to a whole number) x	0	0																																																									
4. OTHER FEE(S)																																																													
Non-English Specification, \$130 fee (no small entity discount) Other: INFORMATION DISCLOSURE STATEMENT \$180.00																																																													
SUBMITTED BY																																																													
Signature		Registration No. 54,552		Telephone (415) 268-7151																																																									
Name (Print/Type) Timothy A Worrall				Date January 14, 2005																																																									

sf-1839915

JAN 14 2005 3:51PM

MOFO 28TH FL

RECEIVED
CENTRAL FAX CENTER

JAN 14 2005

PATENT
Docket No. 145712010200

I hereby certify that this correspondence is being facsimile transmitted to the
Patent and Trademark Office, FAX No. 703/872-9306

Dated: January 14, 2005 Signature: _____

(Lilia Olsen)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Anthony J. AIELLO

Serial No.: 10/602,422

Filing Date: June 23, 2003

For: FLUID DYNAMIC BEARING
ASYMMETRY PRESSURE FEEDBACK

Examiner: L. Footland

Group Art Unit: 3682

SUPPLEMENTAL INFORMATION DISCLOSURE
STATEMENT UNDER 37 C.F.R. § 1.97 & 1.98

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. § 1.97 and § 1.98, Applicants submit for consideration in the above-identified application the documents listed on the attached Form PTO/SB/08a/b. Copies of foreign documents and non-patent literature are submitted herewith. The Examiner is requested to make these documents of record.

Appl. Serial No. 10/602,422 2
Supplemental Information Disclosure Statement

Docket No. 146712010200

This Information Disclosure Statement is submitted:

- ☐ With the application; accordingly, no fee or separate requirements are required.
- ☐ Before the mailing of a first Office Action after the filing of a Request for Continued Examination under § 1.114. However, if applicable, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.
- ☐ Within three months of the application filing date or before mailing of a first Office Action on the merits; accordingly, no fee or separate requirements are required. However, if applicable, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.
- ☒ After receipt of a first Office Action on the merits but before mailing of a final Office Action or Notice of Allowance.
 - ☐ A fee is required. A check in the amount of ___ is enclosed.
 - ☒ A fee is required. Accordingly, a Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.
 - ☐ A Certification under 37 C.F.R. § 1.97(e) is provided above; accordingly, no fee is believed to be due.
- ☐ After mailing of a final Office Action or Notice of Allowance, but before payment of the issue fee.
 - ☐ A Certification under 37 C.F.R. § 1.97(e) is provided above and a check in the amount of ___ is enclosed.
 - ☐ A Certification under 37 C.F.R. § 1.97(e) is provided above and a Fee Transmittal form (PTO/SB/17 is attached to this submission in duplicate.)

Applicants would appreciate the Examiner initialing and returning the Form PTO/SB/08a/b, indicating that the information has been considered and made of record herein.

The information contained in this Information Disclosure Statement under 37 C.F.R. § 1.97 and § 1.98 is not to be construed as a representation that: (i) a complete search has

sf-1851939

Appl. Serial No. 10/602,422 3
Supplemental Information Disclosure Statement

Docket No. 146712010200

been made; (ii) additional information material to the examination of this application does not exist; (iii) the information, protocols, results and the like reported by third parties are accurate or enabling; or (iv) the above information constitutes prior art to the subject invention.

In the unlikely event that the transmittal form is separated from this document and the Patent Office determines that an extension and/or other relief (such as payment of a fee under 37 C.F.R. § 1.17 (p)) is required, Applicants petitions for any required relief including extensions of time and authorize the Commissioner to charge the cost of such petitions and/or other fees due in connection with the filing of this document to Deposit Account No. 03-1952 referencing 146712010200. However, the Commissioner is not authorized to charge the cost of the issue fee to the Deposit Account.

Dated: January 14, 2005

Respectfully submitted,

By 

Timothy A. Worrall

Registration No.: 54,552
MORRISON & FOERSTER LLP
425 Market Street
San Francisco, California 94105
(415) 268-7000

7/51

sf-1851939

ALTERNATIVE TO PTO/SB/082/b (05-03)

Substitute for form 1449/PTO		Complete if Known			
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>		Application Number	10/602,422		
		Filing Date	June 23, 2003		
		First Named Inventor	Anthony J. AIELLO		
		Art Unit	3682		
		Examiner Name	L. Footland		
Sheet	1	of	1	Attorney Docket Number	146712010200

U.S. PATENT DOCUMENTS					
Examiner Initials ^a	Cite No. ¹	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	AA	US-5,559,382	09/24/1996	Oku et al.	
	AB	US-5,806,987	09/15/1998	Gomyo et al.	
	AC	US-5,855,438	01/05/1999	Lee	
	AD	US-6,066,803	05/23/2000	Ichiyama	
	AE	US-2001/014188	08/16/2001	Saeki et al.	
	AF	US-2002/067089	06/06/2002	Ichiyama	

FOREIGN PATENT DOCUMENTS					
Examiner Initials ^a	Cite No. ¹	Foreign Patent Document Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

^aEXAMINER: Initial if information considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 18 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials ^a	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	CA	International Search Report mailed December 2, 2003, for PCT patent application no. PCT/US03/19573, filed June 20, 2003; 3 pages.	

^aEXAMINER: Initial if information considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

Examiner Signature		Date Considered	
--------------------	--	-----------------	--

sf-1851919